

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|--|-----------------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | 1 | | | | | | | 51 | 1 | | | | |
| 2 | | 1 | | | | | | 52 | 1 | | | | |
| 3 | | | | | | | | 53 | 1 | | | | |
| 4 | | 3 | | | | | | 54 | 1 | | | | |
| 5 | | 10 | | | | | | 55 | 1 | | | | |
| 6 | 9 | 0 | | | | | | 56 | 1 | | | | |
| 7 | 0 | 0 | | | | | | 57 | 1 | | | | |
| 8 | 0 | 0 | | | | | | 58 | 1 | | | | |
| 9 | 0 | 0 | | | | | | 59 | 1 | | | | |
| 10 | 0 | | | | | | | 60 | 1 | | | | |
| 11 | 0 | | | | | | | 61 | 1 | | | | |
| 12 | 0 | | | | | | | 62 | 1 | | | | |
| 13 | 0 | | | | | | | 63 | 1 | | | | |
| 14 | 0 | | | | | | | 64 | 1 | | | | |
| 15 | 0 | | | | | | | 65 | 1 | | | | |
| 16 | 0 | | | | | | | 66 | 1 | | | | |
| 17 | 0 | | | | | | | 67 | 1 | | | | |
| 18 | 0 | | | | | | | 68 | 1 | | | | |
| 19 | 0 | | | | | | | 69 | 1 | | | | |
| 20 | 0 | | | | | | | 70 | 1 | | | | |
| 21 | 0 | | | | | | | 71 | 1 | | | | |
| 22 | 0 | | | | | | | 72 | 1 | | | | |
| 23 | 0 | | | | | | | 73 | 1 | | | | |
| 24 | 0 | | | | | | | 74 | 1 | | | | |
| 25 | 0 | | | | | | | 75 | 1 | | | | |
| 26 | 0 | | | | | | | 76 | 1 | | | | |
| 27 | 1 | | | | | | | 77 | 1 | | | | |
| 28 | | | | | | | | 78 | 1 | | | | |
| 29 | | 2 | | | | | | 79 | 1 | | | | |
| 30 | 0 | | | | | | | 80 | 1 | | | | |
| 31 | 0 | 1 | | | | | | 81 | 1 | | | | |
| 32 | 0 | | | | | | | 82 | 1 | | | | |
| 33 | 1 | | | | | | | 83 | | | | | |
| 34 | 1 | | | | | | | 84 | | | | | |
| 35 | 1 | | | | | | | 85 | | | | | |
| 36 | 4 | 1 | | | | | | 86 | | | | | |
| 37 | 0 | | | | | | | 87 | | | | | |
| 38 | 0 | | | | | | | 88 | | | | | |
| 39 | 0 | | | | | | | 89 | | | | | |
| 40 | 0 | | | | | | | 90 | | | | | |
| 41 | | | | | | | | 91 | | | | | |
| 42 | 1 | | | | | | | 92 | | | | | |
| 43 | 2 | | | | | | | 93 | | | | | |
| 44 | 0 | | | | | | | 94 | | | | | |
| 45 | 1 | | | | | | | 95 | | | | | |
| 46 | 1 | | | | | | | 96 | | | | | |
| 47 | 1 | | | | | | | 97 | | | | | |
| 48 | 1 | | | | | | | 98 | | | | | |
| 49 | 1 | | | | | | | 99 | | | | | |
| 50 | 1 | | | | | | | 100 | | | | | |
| TOTAL IND. | | | ↓ | | | ↓ | | TOTAL IND. | 3 | ↓ | | | ↓ |
| TOTAL DEP. | | | ← | | | ← | | TOTAL DEP. | 35 | ← | | | ← |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | 38 | | | | |